

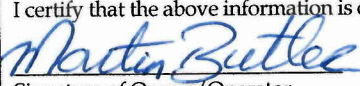
NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #	
TYPE OF NOTIFICATION (O-Original, R-Revised, C-Cancelled): O				
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):				
OWNER NAME: VII 444 Madison Lessee LLC				
Address: 444 Madison Avenue				
City: New York	State: NY	Zip: 10022		
Contact Name: Charles Lester			Telephone: (212) 755-2756	
REMOVAL CONTRACTOR: Shannon Abatement, Inc.				
Address: 14 Highridge Road				
City: Stony Point	State: NY	Zip: 10980		
Contact Name: Martin Butler			Telephone: (845) 429-4346	
OTHER CONTRACTOR: N/A				
Address:				
City:	State:	Zip:		
Contact Name:			Telephone:	
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): R				
IS ASBESTOS PRESENT? (<u>YES</u> NO) Yes				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
Building Name: 444 Madison Avenue				
Address: 444 Madison Avenue				
City: Manhattan	State: New York	County: New York		
Site Location: 39 th Floor – Center and Perimeter				
Building Size: 140,000	# of Floors:	Age In Years: 1953		
Present Use: Commercial	Prior Use: Commercial			
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: PLM - Polarized Light Microscopy				
Approximate amount of asbestos, including: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Nonfriable Asbestos Material not to be removed		Indicate Unit of Measurement Below
		CAT I	CAT II	
Pipes	438			Ln Ft: Ln M:
Surface Area	200			Sq Ft: Sq M:
Vol. RACM off Facility Component				Cu Ft: Cu M:
Scheduled Dates Asbestos Removal (mm/dd//yy)		Start: 7/11/2016	Complete:	
Schedules Dates Demo/Renovation (mm/dd/yy)		Start: 6/17/2016	Complete:	

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Remove VAT floor tile and pipe insulation as per NYCDEP rules and regulations.		
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: As per NYCDEP rules and regulations.		
WASTE TRANSPORTER #1		
Name: ATC Inc.		
Address: 2 Moriches Middle Island Road		
City: Shirley	State: NY	Zip: 11967
Contact Name: Kenny		Telephone: (631) 924-5050
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Name:		Telephone:
WASTE DISPOSAL SITE (#1 or #2)		
Name: Minerva Enterprises Inc.		
Address: 9000 Minerva Road		
City: Waynesburg	State: OH	Zip: 44688
Telephone: (724) 888-9444		
IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (mm/dd/yy):	Date Ordered to Begin(mm/dd/yy):	
FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency(mm/dd/yy):		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.		
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (required 1 year after promulgation)		
Signature of Owner/Operator		Date:
I certify that the above information is correct. 		
Signature of Owner/Operator		Date: June 27, 2016

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City:	State:	Zip:		
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